

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS, INC. POLITICAL ACTION COMMITTEE (AAPS-PAC)

|  |  |  |
|--|--|--|
| <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>A. Johnson, Garry, A, ,</b></p> <p>Mailing Address 312 Oakridge Ct</p> <p>City Columbia State MO Zip Code 65203</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) retired Occupation (for Individual) physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>                        |  | <p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y<br/>12 / 21 / 2021</p> <p><b>Transaction ID : SA11AI.6584</b></p> <p>Amount of Each Receipt this Period</p> <p>500.00</p> <p><input type="checkbox"/> Memo Item</p>  |
| <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>B. Moor, John, T, ,</b></p> <p>Mailing Address 2124 Sparrow Ct</p> <p>City Sarasota State FL Zip Code 34239</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Advanced Sports Medicine Occupation (for Individual) Orthopedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p> |  | <p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y<br/>11 / 18 / 2021</p> <p><b>Transaction ID : SA11AI.6582</b></p> <p>Amount of Each Receipt this Period</p> <p>5000.00</p> <p><input type="checkbox"/> Memo Item</p> |
| <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>C. Orient, Jane, , ,</b></p> <p>Mailing Address 1601 N Tucson Blvd Suite 9</p> <p>City Tucson State AZ Zip Code 85716</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Jane Orient Enterprises Occupation (for Individual) physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p> |  | <p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y<br/>11 / 19 / 2021</p> <p><b>Transaction ID : SA11AI.6581</b></p> <p>Amount of Each Receipt this Period</p> <p>1000.00</p> <p><input type="checkbox"/> Memo Item</p> |
| <p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>   |  | <p>6500.00</p>   |
| <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>   |  |  |